



Plumbing Permit Application

298 W Washington ★ Stephenville, Texas

Requesting-Property Owner

Name: _____

Address: _____

Phone: _____

Contractor/Owner/Occupant/Homestead

Name: _____

Address: _____

Phone: _____

Date of Work: _____

Location of Work: _____

Scope of Work: _____

Please include a diagram of the work being performed.

Printed Name: _____

Signature: _____

Contractor or DL #: _____

Date: _____

CITY OF STEPHENVILLE

Inspector: JoeAnn Everett

(254) 918-1213

jeverett@ci.steohenville.tx.us

Inspector: Tom Heap

(254) 918-1214

theap@ci.stephenville.tx.us

Inspector Name: _____

Date Received: _____

Date Approved: _____